



Package Pump Station Inspection Report

Department of Environmental Quality Office of Wastewater Engineering

Name of pump station: _____ Inspection Date: _____

County/City: _____ Receiving STP: _____

Current Owner: _____
(name, address, and phone number)

Location of PS: _____

Date the plans were approved: _____

Date of the Statement of Completion: _____

Status of the O & M manual: _____

Please fill out applicable items below:

Yes / No / N/A

Pump station built in accordance to approved plans: _____/_____/_____

Pump station is not vulnerable to flooding: _____/_____/_____

Pumps operate in accordance to specifications: _____/_____/_____

Control panel built in accordance to approved plan: _____/_____/_____

Control panel is not vulnerable to flooding: _____/_____/_____

Control panel operates as specified: _____/_____/_____

Control panel is weatherproof: _____/_____/_____

Alarm work in accordance to specifications: _____/_____/_____

Alarm conditions monitored:

Power failure to station

____/____/____

Pump failure

____/____/____

High Water

____/____/____

Signed

Date